Form A51A Rev. (9/99)

Department of Administration OFFICE OF ACCOUNTS AND CONTROL

ANNUAL STATEMENT OF PERSONAL USAGE FOR STATE VEHICLES VEHICLE CENTS-PER-MILE METHOD

(NOTE: VEHICLES THAT ARE CHAUFFEUR DRIVEN MAY NOT USE THIS METHOD.)

	ployee Name:	Soc. Sec. (11 digits)	#:
Age	ency:	Payroll Ac	cet. #:
Per	iod: FROM:	то:	
v	ehicle Make/Model/Year	Registration No.	Vehicle Fair Mkt. Value
	CTION B: CALCULATION OF FRI		
(1)	TOTAL MILES	PERSONAL USAGE MILE	BUSINESS MILES
AMO	OUNT OF BENEFIT TO BE INCLU	DED IN GROSS INCOME:	
A.	•	A.	
	(January 1 - October 31)	A.	2 Miles
B.1	X ∉ =\$		
B.2	X ∉ = \$ (Item A.2)	= (sum of B.1+B.2).	B.3 \$
C.	Subtract employee supplied g		
	(Personal Usage Miles from Ite	em 2 above	\$
D.	Gross Fringe Benefit Amount: Subtract Item C from Item B3		\$
E.	Subtract Commuter Reimburg	sement:	\$
F.	Taxable Fringe Benefit Amour (Subtract Item E from Item D)	nt:	\$
	EMPLOYEE: Complete and sign this under this method, complete separate		payroll office. If more than one vehicle is
			Employee's Signature / Date

Under the vehicle cents-per-mile method, employees are required to furnish to the employing agency substantiating evidence used to arrive at the personal and business miles. Substantiating evidence = a log of both personal and business miles. This form will not be accepted if not accompanied by a log.

NOTE:

FORM A-51B Rev. 9/99)

Department of Administration OFFICE OF ACCOUNTS AND CONTROL

ANNUAL STATEMENT OF PERSONAL USAGE FOR STATE PROVIDED VEHICLES ANNUAL LEASE VALUE METHOD

SECTION A: DRIVER AND VEHICLE INFORMATION

·		(11 DIGITS)	American and a management of the second of t
AGENCY		PAYROLL ACCOUN	Т#:
PERIOD COVERED: FROM		TO:	
MAKE / MODEL / YEAR	REGISTRATION	NO.	VEHICLE FAIR MKT. VALUE
SECTION B: CALCULATION OF	FRINGE BENEFIT	AMOUNT	
TOTAL MILES	PERSONAL USAGE	=	BUSINESS MILES
	I BROOMB CONGE	MIDIA	DOUNTED MILES
ANNUAL LEASE VALUE	BUSINESS MILES	÷	= MILES % BUSINESS USE
ANNUAL LEASE VALUE	DUSINESS MILES	TOTAL N	Miles % Business use
GASOLINE CALCULATION 5.5 CENTS OR	 	PERSONAL MILES	= AMOUNT OF GASOLINE
UK .	NO. Or	PERSONAL MILES	AMOUNT OF GASOLINE
	x		
TOTAL COST OF GASOLINE		RSONAL MILES US BUSINESS USE	AMOUNT OF GASOLINE %)
MINUS		LUS	PLUS
ANNUAL LEASE	BUSINESS USE (BUS. USE % X ALV)	AMOUNT (OF CHAUFFEUR
MINU	rs.		= \$
GROSS TAXABLE FRINGE		EIMBURSEMENT	NET TAXABLE FRINGE AMOUNT (VEHICLE USE
ro employee;	S - 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Complete and sign this form in d			ee. If more than one vehicle i
used under this method, complete	separate form N-350	for each vernote.	

NOTE: Under the annual lease value method, employees are required to furnish to the employing agency substantiating evidence used to arrive at the personal and business miles.

A51c 9/02

Department of Administration OFFICE OF ACCOUNTS AND CONTROL

Annual Statement Of Personal Usage For State-Provided Vehicles Commuting Valuation Method

SECTION A: DRIVER AND VEHICLE INFORMATION

EMPLOYEE NAME			B	(PLEASE PRINT)			Construction of the Constr	The second secon	Average and a second se	2	Ñ	OCIA	SOCIAL SECURITY NO. (11 DIGITS)	CURI GITS)	\ }_	<u>o</u>					200 - 200 -	2	The second secon	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		144.44	Table of the second sec
AGENCY										1	9	4YR(JLL A	١٥٥٥	IN	PAYROLL ACCOUNT NO.								77.77			V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
* VEHICLE MAKE MODEL	EL					ĺ	YEAR	ı		-	~	EGIS	REGISTRATION NO.	NOI	Š.		1							ŀ			****
SECTION B: SCHEDULE OF COMMUTING DAYS AND CALCULATION OF FRINGE BENEFIT AMOUNT	E OF CO	VIMU	TING	DA	SA	9	ALC	LA.	NO	OF F	RING	3E B	NEF	TAI	NO N	FI											
PERIOD COVERED:			FROM:	. ∺									Ţ0;	ä													
Please mark and "X" for each commuting day.	each cor	nmuti	ing dk	<u>.</u>								l														Ľ	
WONTH 1 2 3	4 5	9	F	80	6	þ	=	12	13	14	15	16	171	181	19 2	20 21	1 22	23	24	25	26	7.0	20	20	20,		IOIAL DAYS
NON							\vdash		. 1	1		Ì	1		ı	1					2	17	3			┸	2413
DEC					-					-	 		<u> </u>	_	-	-	╽.		1.				\dagger	-	-	-	
JAN									_	-	<u> </u>	-		_	-	<u> </u>	<u> </u>		_						-	-	
FEB			-								_	-		-	-			ļ				 	╁┈	-	╁	╀	
MAR				-				_	-	-				-	┞	<u> </u>		-	<u></u>			-	╁	-	╁	-	
APR				_						-	_		-	_			-				<u> </u>	T	_	 	-	<u> </u>	
MAY								\vdash	_	_	\vdash	<u> </u>	-		ļ	<u> </u>	<u> </u>					T	-	+	+		
NOC										-			-	-	-		_		<u> </u>			T	t	╁	-	-	
JUL					-				_		_	-	-	_	<u> </u>	-	_	L	L				+	╁	-	╄	
AUG							-		<u> </u>	-	-	-	-	_	-	-			<u> </u>			T		+	-	+	
SEP										ļ			-	-		-	-	ļ					+	+	╀	-	
OCT											-			<u> </u>	_	<u> </u>	_	_					 		-	-	
																								l		_	
			\$3.00		ا															./**·							TOTAL
No. of Days Commuting	ıting	×	DAY	>			9	ross	Таха	ble F	ringe	Ben	efit A	mom	<u>بر</u>	Gross Taxable Fringe Benefit Amount (Vehicle Use)	e Use	-									DAYS
MINUS																											
\$ Commuting Reimbursement Amount Nov. 1 to Oct. 31)	ıting Rei	nburs	emer	ıt An	nou	No	-	ő	31	_	#1	Ħ	_	Vet T	axabl	Net Taxable Fringe Benefit Amount)	ge Be	nefit	Amor	皂							

STATE ASSIGNMENT NO.

REGISTRATION NO.

YEAR

MODEL

MAKE OF VEHICLE

TO EMPLOYEE: Complete and sign this form in duplicate and return to your Payroll Office. *If more than one vehicle, list others below